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EXAMINER
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ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 01/19/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 10/03)

	Application No.	Applicant(s)
Office Action Summary	09/918,413	HAQ, MOHAMED M.
	Examiner	Art Unit	
	Mike Tomaszewski	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *30 July 2001*.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-57* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-57* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *30 July 2001* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Notice To Applicant

1.   This communication is in response to the application filed on 30 July 2001.

Claims 1-57 are pending.

Claim Rejections - 35 USC § 112

2.   The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly
> claiming the subject matter which the applicant regards as his invention.

3.   Claims 6 and 7 are rejected under 35 U.S.C. 112, second paragraph, as being

indefinite for failing to particularly point out and distinctly claim the subject matter which

applicant regards as the invention.

(A)   Claims 6 and 7 erroneously depend from Claim 1. Examiner has proceeded with

examination assuming Applicant intended Claims 6 and 7 to depend from Claim 5.

Claim Rejections - 35 USC § 102

4.   The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that

form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

5.   Claims 25, 27-29, and 33-35 are rejected under 35 U.S.C. 102(b) as being

anticipated by Sato et al. (5,911,687; hereinafter Sato).

(A)   As per Claim 25, Sato discloses a method for developing a virtual clinic for

allowing a patient to remotely contact a physician and receive medical services,

comprising:

    (a)   establishing a virtual clinic having capabilities for:

        (i)   contacting the virtual clinic by the patient (Sato: abstract; col. 8,

                lines 28-35; Fig. 7);

        (ii)   collecting information on the patient's medical condition (Sato:

                abstract; col. 6, lines 32-40);

(iii)   identifying at least one physician based on the collected information on the patient's medical condition (Sato: abstract; col. 8, lines 43-59; Fig. 10); and

(iv)   storing and accessing patient medical records (Sato: abstract; col. 2, lines 7-31; Fig. 3);

(b)   establishing a working relationship with the least one physician to provide medical services to patients referred via the virtual clinic, the physician providing information relating to qualifications for use during a selection process (Sato: col. 4, lines 65-67 and col. 5, lines 1-2; col. 8, lines 48-56; Fig. 1; Fig. 10);

(c)   providing diagnostic testing equipment (Sato: col. 6, lines 32-40; Fig. 2a-2b); and

(d)   enabling communication between the patient and the physician to transmit data regarding the patients condition, results from the diagnostic equipment, and recommended treatment (Sato: abstract; col. 4, 65-67 and col. 5, lines 1-2, lines col. 6, lines 32-44).

(B)   As per Claim 27, Sato discloses the method of Claim 25 further comprising:

(a)   submitting information relating to medical licenses by the physician (Sato: col. 8, lines 48-60; Fig. 10); and

(b)   comparing a patient's residence with the physician's medical license by

the virtual clinic (Sato: col. 7, lines 56-67; col. 8, lines 1-67; col. 9, lines 1-

11; Figs. 6-13).

(C)   As per Claim 28, Sato discloses the method of Claim 25 further comprising:

providing patient with access to the diagnostic testing equipment (Sato: col. 6, lines 32-

40; Fig. 2a-2b).

(D)   As per Claim 29, Sato discloses the method of Claim 25, wherein the step of

providing diagnostic testing equipment comprises providing for communication of

diagnostic testing equipment with the virtual clinic and at least one physician (Sato:).

(E)   As per Claim 33, Sato discloses the method of Claim 25, wherein the virtual clinic

is further provided the capability for informing a physician of diagnostic testing

equipment accessible to a patient (Sato: col. 6, lines 20-40; Figs. 1-2b).

(F)   As per Claim 34, Sato discloses the method of Claim 25, wherein the virtual clinic

is further provided the capability for allowing a physician to access and update a

patient's medical records (Sato: col. 9, lines 4-11; col. 10, lines 35-42; Figs. 1-21).

(G)   As per Claim 35, Sato discloses the method of Claim 25, further comprising:

contracting with at least one patient to provide payment in return for receiving medical

services (Sato: col. 9, lines 49-55; col. 6, lines 11-17).

(H)   Claims 40, 43, and 45-48 substantially repeat the same limitations of Claims 25-

35, and are therefore rejected for the same reasons given for those claims.

Claim Rejections - 35 USC § 103

6.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

7.   Claims 1-24, 26, 30-32, 36-39, 41, 44 and 49 rejected under 35 U.S.C. 103(a) as

being unpatentable over Sato, in view of Joao (6,283,761; hereinafter Joao).

(A)   As per Claim 1, Sato discloses a method for delivering patient care, comprising:

      (a)   establishing a virtual clinic on a network (Sato: abstract; col. 1, lines 5-14;

               col. 4, lines 65-67 and col. 5, lines 1-2; Fig. 1);

      (b)   establishing a working relationship with at least one physician (Sato: col.

               4, lines 65-67 and col. 5, lines 1-2; Fig. 1);

      (c)   establishing communications with the physicians on the network (Sato:

               col. 4, lines 65-67 and col. 5, lines 1-2; Fig. 1);

      (d)   establishing a working relationship with one or more patients (Sato: col. 4,

               lines 65-67 and col. 5, lines 1-2; Fig. 1); and

      (e)   establishing communications with the patients(Sato: col. 4, lines 65-67

               and col. 5, lines 1-2; Fig. 1).

Sato, however, fails to expressly disclose a method for delivering patient care,

comprising:

      (f)   linking patients to physicians upon initialization of communication between

               the patient and the virtual clinic on the network.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses a method for delivering patient care, comprising:

(f)   linking patients to physicians upon initialization of communication between

        the patient and the virtual clinic on the network (Joao: col. 3, lines 45-53;

        col. 18, lines 33-43; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(B)   As per Claim 2, Sato discloses the method of Claim 1, wherein the step of linking

further comprises:

(a)   receiving, by the virtual clinic, information for the patient (Sato: abstract;

        col. 2, lines 7-31);

(b)   based upon the information provided by the patient, selecting a physician

        (Sato: abstract; col. 5, lines 26-43); and

(c)   establishing a communications link between the selected physician and

        the patient (Sato: abstract; col. 4, 65-67 and col. 5, lines 1-2, lines col. 6,

        lines 32-40).

Sato, however, fails to expressly disclose the method of Claim 1, wherein the

step of linking further comprises:

(d)   accessing a web page by the patient that is provided by the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses the method of Claim 1, wherein the step of linking further

comprises:

(d)   accessing a web page by the patient that is provided by the virtual clinic

         (Joao: col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(C)   As per Claim 3, Sato disclose the method of Claim 1 further comprising:

         receiving a fee statement from the physician by the virtual clinic (Sato: col. 6,

         lines 11-18; Fig. 1).

(D)   As per Claim 4, Sato fails to expressly disclose the method of Claim 3 further

comprising:

sending a fee statement to the patient from the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses disclose the method of Claim 3 further comprising:

sending a fee statement to the patient from the virtual clinic (Joao: col. 37, lines 35-67;

col. 38, lines 1-9; Fig. 1) (Examiner also notes that Sato teaches the use of a payment

mechanism coupled to its virtual clinic (Sato: col. 6, lines 11-18; Fig. 1)).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(E)   As per Claim 5, Sato discloses a method for delivering patient care, comprising:

(a)   establishing a virtual clinic on a network (Sato: abstract; col. 1, lines 5-14;

col. 4, lines 65-67 and col. 5, lines 1-2; Fig. 1);

(b)   establishing a working relationship with one or more physicians (Sato: col.

4, lines 65-67 and col. 5, lines 1-2; Fig. 1);

(c)   establishing communications with the physicians (Sato: col. 4, lines 65-67

          and col. 5, lines 1-2; Fig. 1).

Sato, however, fails to expressly disclose a method for delivering patient care,

comprising:

(d)   establishing a working relationship with an insurance carrier;

(e)   establishing communications with the insurance carrier on the network,

          the insurance carrier having one or more patients to which the insurance

          carrier provides benefits; and

(f)   linking patients to physicians upon initialization of communication between

          the patient and the insurance carrier.

Nevertheless, these features are old and well known, as evidenced by Joao. In

particular, Joao discloses a method for delivering patient care, comprising:

(d)   establishing a working relationship with an insurance carrier (Joao:

          abstract; col. 12, lines 22-43; col. 13, lines 8-28; col. 37, lines 35-67 and

          col. 38, lines 1-8; Fig. 1);

(e)   establishing communications with the insurance carrier on the network,

          the insurance carrier having one or more patients to which the insurance

carrier provides benefits (Joao: abstract; col. 12, lines 22-43; col. 13, lines

8-28; col. 37, lines 35-67 and col. 38, lines 1-8; Fig. 1); and

(f)   linking patients to physicians upon initialization of communication between

the patient and the insurance carrier (Joao: col. 3, lines 45-53; col. 18,

lines 33-43; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(F)   As a per Claim 6, Sato discloses the method of Claim 1, wherein the step of

linking further comprises:

(a)   based upon the information provided by the patient, selecting a physician

(Sato: abstract; col. 5, lines 26-43); and

(b)   establishing a communications link between the selected physician and

the patient (Sato: abstract; col. 4, 65-67 and col. 5, lines 1-2, lines col. 6,

lines 32-40).

Sato, however, fails to expressly disclose the method of Claim 1, wherein the step of linking further comprises:

(c)   accessing a web page by the patient that is provided by the insurance carrier;

(d)   receiving, by the insurance carrier, information from the patient through the web page; and

(e)   forwarding the information from the patient to the virtual clinic.

Nevertheless, these features are old and well known in the art, as evidenced by Joao. In particular, Joao discloses the method of Claim 1, wherein the step of linking further comprises:

(c)   accessing a web page by the patient that is provided by the insurance carrier (Joao: col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1);

(d)   receiving, by the insurance carrier, information from the patient through the web page (Joao: col. 11, lines 65-67; col. 12, lines 1-50; col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1);

(e)   forwarding the information from the patient to the virtual clinic (Joao: col. 14, lines 59-67 and col. 15, lines 1-5; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(G)   As per Claim 7, Sato discloses the method of Claim 1 further comprising:

receiving a fee statement from the physician by the virtual clinic (Sato: col. 6, lines 11-18; Fig. 1)).

(H)   As per Claim 8, Sato fails to expressly disclose the method of Claim 7 further comprising:

sending a fee statement to the insurance carrier.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of Claim 7 further comprising:

sending a fee statement to the insurance carrier (Joao: col. 37, lines 35-67; col. 38, lines 1-9; Fig. 1) (Examiner notes that Sato does teach the use of a payment mechanism coupled to its virtual clinic (Sato: col. 6, lines 11-18; Fig. 1)).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(I)   As per Claim 9, Sato discloses a system for establishing communications

between physicians and patients comprising:

    (a)   a network (Sato: abstract; col. 1, lines 5-14; col. 4, lines 65-67 and col. 5,

        lines 1-2; Fig. 1);

    (b)   at least one physician operative with the network, the physician enabled to

        receive information from the network to submit responses (Sato: col. 4,

        lines 65-67 and col. 5, lines 1-2; col. 6, lines 32-40; Fig. 1);

    (c)   at least one patient operative with the network, the patient enabled to

        submit information on the network and to receive responses from the

        network (Sato: col. 4, lines 65-67 and col. 5, lines 1-2; col. 6, lines 32-40;

        Fig. 1); and

    (d)   a virtual clinic operative with the wide area network, the virtual clinic

        constructed and arranged to receive submissions and responses from the

        network, the virtual clinic further constructed and arranged to select a

        physician based upon the information provided by the patient (Sato:

        abstract; col. 4, 65-67 and col. 5, lines 1-2 and 26-43, lines col. 6, lines 32-

        40).

Sato, however, fails to expressly disclose a system for establishing communications between physicians and patients comprising:

(e)   to link communications between the physician and the patient upon the patient submitting the request on the network.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses a system for establishing communications between physicians and patients comprising:

(e)   to link communications between the physician and the patient upon the patient submitting the request on the network (Joao: col. 3, lines 45-53; col. 18, lines 33-43; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(J)   As per Claim 10, Sato discloses the system as in Claim 9, wherein the network is

a wide area network (Sato: col. 4, lines 65-67; col. 5, lines 1-2; Fig. 1).

(K)   As per Claim 11, Sato fails to expressly disclose the system as in claim 10,

wherein the wide area network is the Internet.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses the system as in claim 10, wherein the wide area network is

the Internet (Joao: col. 15, lines 18-26) (Examiner also notes that Sato teaches the use

of its system "online" (Sato: col. 2, lines 7-31)).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(L)   As per Claim 12, Sato discloses the system as in Claim 9, wherein the patient

has access to diagnostic equipment (Sato: col. 6, lines 32-40; Fig. 2a-2b).

(M)   As per Claim 13, Sato discloses the system as in Claim 9, the system further

comprising:

a hospital operative with the network, the hospital enabled to receive information

from the network to submit responses (Sato: col. 4, lines 65-67; col. 5, lines 1-Fig. 1).

(N)   As per Claim 14, Sato fails to expressly disclose the system as in Claim 9,

wherein the physician submits fee information to the patient.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses the system as in Claim 9, wherein the physician submits fee

information to the patient (Joao: col. 37, lines 35-67; col. 38, lines 1-9; Fig. 1) (Examiner

also notes that Sato teaches the use of a payment mechanism coupled to its virtual

clinic (Sato: col. 6, lines 11-18; Fig. 1)).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(O)   As per Claim 15, Sato discloses the system as in claim 9, wherein the physician

submits fee information to the virtual clinic (Sato: col. 6, lines 11-18; Fig. 1).

(P)   As per Claim 16, Sato discloses a system for establishing communications

between physicians and patient comprising:

(a)   a network (Sato: abstract; col. 1, lines 5-14; col. 4, lines 65-67 and col. 5,

         lines 1-2; Fig. 1);

(b)   at least one physician operative with the network, the physician enabled to

         receive information from the network to submit responses (Sato: col. 4,

         lines 65-67 and col. 5, lines 1-2; col. 6, lines 32-40; Fig. 1);

(c)   at least one patient operative with the network, the patient enabled to

         submit information on the network and to receive responses from the

         network (Sato: col. 4, lines 65-67 and col. 5, lines 1-2; col. 6, lines 32-40;

         Fig. 1); and

(d)   the virtual clinic constructed and arranged to receive submissions and

         responses from the network, the virtual clinic further constructed and

         arranged to select a physician based upon the information provided by the

         patient and to link communications between the physician and the patient

         upon the patient submitting the request on the network (Sato: abstract;

         col. 4, 65-67 and col. 5, lines 1-2 and 26-43, lines col. 6, lines 32-40).

Sato, however, fails to expressly disclose a system for establishing

communications between physicians and patient comprising:

(e)   an insurance carrier operative with the network, the insurance carrier

        constructed and arranged to receive the request from the patient and

        forward the request a virtual clinic operative with the wide area network.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses a system for establishing communications between

physicians and patient comprising:

(e)   an insurance carrier operative with the network, the insurance carrier

        constructed and arranged to receive the request from the patient and

        forward the request a virtual clinic operative with the wide area network

        (Joao: abstract; col. 12, lines 22-43; col. 13, lines 8-28; col. 37, lines 35-67

        and col. 38, lines 1-8; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(Q)   Claims 17-23 substantially repeat the same limitations of Claims 10-15 and 8,

and are therefore rejected for the reasons given for those claims.

(R)   As per Claim 24, Sato fails to expressly disclose the system as in Claim 17

wherein the physician submits fee information to the insurance carrier.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses the system as in Claim 17 wherein the physician submits fee

information to the insurance carrier (Joao: col. 37, lines 35-67; col. 38, lines 1-9; Fig. 1)

(Examiner also notes that Sato teaches the use of a payment mechanism coupled to its

virtual clinic (Sato: col. 6, lines 11-18; Fig. 1)).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(S)   As per Claim 26, Sato fails to expressly disclose the method of Claim 25 further

comprising:

contracting with at least one insurance company to reimburse the virtual clinic for

medical services provided to the patient.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of Claim 25 further comprising:

contracting with at least one insurance company to reimburse the virtual clinic for medical services provided to the patient (Joao: abstract; col. 12, lines 22-43; col. 13, lines 8-28; col. 37, lines 35-67 and col. 38, lines 1-9; Fig. 1) (Examiner notes that Sato does teach the use of a payment mechanism coupled to its virtual clinic (Sato: col. 6, lines 11-18; Fig. 1)).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(T)   As per Claim 30, Sato fails to expressly disclose the method of Claim 25, wherein the virtual clinic has a presence on at least one Internet site.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of Claim 25, wherein the virtual clinic has a presence on at least one Internet site (Joao: col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(U)   As per Claim 31, Sato fails to expressly disclose the method of Claim 25, wherein

the virtual clinic is further provided the capability for at least one insurance company

referring patients to the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In

particular, Joao discloses the method of Claim 25, wherein the virtual clinic is further

provided the capability for at least one insurance company referring patients to the

virtual clinic (Joao: abstract; col. 31, lines 65-67; col. 32, lines 1-46; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(V)   As per Claim 32, Sato fails to expressly disclose the method of Claim 25, wherein

the virtual clinic is further provided the capability for at least one hospital referring

patients to the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of Claim 25, wherein the virtual clinic is further provided the capability for at least one hospital referring patients to the virtual clinic (Joao: abstract; col. 31, lines 65-67; col. 32, lines 1-46; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(W)   As per Claim 36, Sato discloses a method for developing a virtual clinic for allowing a patient to remotely contact a physician and receive medical services, comprising:

(a)   establishing a virtual clinic (Sato: abstract; col. 1, lines 5-14; col. 4, lines 65-67 and col. 5, lines 1-2; Fig. 1);

(b)   contracting with at least one physician to provide medical services to patients (Sato: col. 9, lines 49-55; col. 6, lines 11-17); and

(c)   contracting with at least one patient to provide payment in return for receiving medical services (Sato: col. 9, lines 49-55; col. 6, lines 11-17).

Sato, however, fails to expressly disclose a method for developing a virtual clinic for allowing a patient to remotely contact a physician and receive medical services, comprising:

(d)   contracting with at least one insurance company to reimburse the virtual

        clinic for medical services provided to at least one patient.

Nevertheless, this feature is old and well known in the art, as evidenced by Joao. In particular, Joao discloses a method for developing a virtual clinic for allowing a patient to remotely contact a physician and receive medical services, comprising:

(d)   contracting with at least one insurance company to reimburse the virtual

        clinic for medical services provided to at least one patient (Joao: abstract;

        col. 12, lines 22-43; col. 13, lines 8-28; col. 37, lines 35-67 and col. 38,

        lines 1-9; Fig. 1) (Examiner notes that Sato does teach the use of a

        payment mechanism coupled to its virtual clinic (Sato: col. 6, lines 11-18;

        Fig. 1)).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(X)   As per Claim 37, Sato discloses the method of Claim 36, further comprising: contracting with at least one hospital to provide medical services to patients (Sato: col. 2, lines 64-67; col. 3, lines 1-2; Fig. 1).

(Y)   As per Claim 38, Sato discloses the method of Claim 36, further comprising: contracting with at least one hospital to provide diagnostic testing to the virtual clinic (Sato: abstract; col. 6, lines 32-40).

(Z)   Claim 39 substantially repeats the same limitations of Claim 30, and is therefore rejected for the same reasons given for Claim 30.

(AA)   Claims 41, 42, and 49 substantially repeat the same limitations of Claims 25-35, and are therefore rejected for the same reasons given for those claims.

(BB)   As per Claim 44, Sato fails to expressly disclose the method of Claim 43, further comprising:
the virtual clinic forwarding a portion of the received payment to at least one physician.

Nevertheless, this feature is old and well known in the art, as evidenced by Joao.

In particular, Joao discloses the virtual clinic forwarding a portion of the received

payment to at least one physician (Joao: col. 37, lines 35-67; col. 38, lines 1-8; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

8.   Claim 50 is rejected under 35 U.S.C. 103(a) as being unpatentable over Sato as

applied to claim 1 above, and further in view of SoRelle, Ruth ("Doctors' Referral Fee Is

Ruled A Violation" Aug 1, 1987. Houston Chronicle. pg. 18; hereinafter SoRelle).

(A)   As per Claim 50, Sato fails to expressly disclose the method of Claim 40, further

comprising:

at least one physician reimbursing the virtual clinic for directing the patient to the

physician.

Nevertheless, this feature is old and well known, as evidenced by SoRelle. In

particular, SoRelle discloses the method of Claim 40, further comprising:

at least one physician reimbursing the virtual clinic for directing the patient to the

physician (SoRelle: pgs. 1-2).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of SoRelle with the teachings of Sato with the

motivation of compensating an entity contracted to provide referrals (SoRelle: pgs. 1-2).

9.   Claims 51-57 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Sato, in view of Joao, and further in view of Linberg et al. (US 2001/0039504;

hereinafter Linberg).

(A)   As per Claim 51, Sato discloses a system for monitoring a medical condition of a

patient:

(a)   A virtual clinic, the virtual clinic having communication circuitry, the

communication circuitry constructed and arranged to enable the patient to

upload diagnostic information (Sato: col. 4, lines 65-67; col. 5, lines 1-2;

col. 18-40; Figs. 1-6); and

(b)   a database operative with the virtual clinic (Sato: abstract; col. 15, lines

57-67; col. 16, lines 1-47; Figs. 18-21).

Sato, however, fails to expressly disclose a system for monitoring a medical condition of a patient:

(c)   the database being constructed and arranged to store pre-set values relating to a medical condition;

(d)   comparison circuitry, the comparison circuitry constructed and arranged to retrieve the pre-set values from the database and compare them to the uploaded diagnostic information so that if the values of the uploaded diagnostic information exceed on or more of the pre-set values from the database; and

(e)   then a signal can be issued from the virtual clinic to a medical provider.

Nevertheless, these features are old and well known, as evidenced by Joao and Linberg. In particular, Joao and Linberg disclose a system for monitoring a medical condition of a patient:

(c)   the database being constructed and arranged to store pre-set values relating to a medical condition (Linberg: pg. 13, par. [0175] and [0176]);

(d)   comparison circuitry, the comparison circuitry constructed and arranged to retrieve the pre-set values from the database and compare them to the uploaded diagnostic information so that if the values of the uploaded

diagnostic information exceed on or more of the pre-set values from the

database(Linberg: pg. 13, par. [0175] and [0176]); and

(e)   then a signal can be issued from the virtual clinic to a medical provider

(Joao: col. 15, lines 59-67; col. 15, lines 1-5; col. 16, lines 19-32; col. 24,

lines 49-62; Fig. 1) (Examiner also notes that Linberg does teach a

notification mechanism that can be construed to be a "signal." (See

Linberg pg. 13, par. [0175] and [0176])).

One of ordinary skill would have found it obvious at the time of the invention to

include the aforementioned features of Joao with the teachings of Sato with the

motivation of providing an apparatus and method for processing and/or providing

healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment

(Joao: col. 7, lines 62-67; col. 8, lines 15-26).

Moreover, one of ordinary skill would have found it obvious at the time of the

invention to include the aforementioned features of Linberg with the combined teachings

of Sato and Joao with the motivation of providing an inexpensive and practical way for a

physician to monitor a patient remotely (Linberg: pg. 2, par. [0011] and [0012]).

(B)   As per Claim 52, Sato fails to expressly disclose the system as in Claim 51

wherein the signal is sent to the patient's physician.

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Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the system as in Claim 51 wherein the signal is sent to the patient's physician (Joao: col. 15, lines 59-67; col. 15, lines 1-5; col. 16, lines 19-32; col. 24, lines 49-62; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the combined teachings of Sato and Linberg with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(C)   As per Claim 53, Sato fails to expressly disclose the system as in Claim 51 wherein the signal is sent to an on-call physician.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the system as in Claim 51 wherein the signal is sent to an on-call physician (Joao: col. 15, lines 59-67; col. 15, lines 1-5; col. 16, lines 19-32; col. 24, lines 49-62; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the combined teachings of Sato and Linberg with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing

diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(D)   As per Claim 54, Sato fails to expressly disclose the system as in Claim 51, wherein the signal is sent to a medical service provider.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the system as in Claim 51, wherein the signal is sent to a medical service provider (Joao: col. 15, lines 59-67; col. 15, lines 1-5; col. 16, lines 19-32; col. 24, lines 49-62; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the combined teachings of Sato and Linberg with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(E)   As per Claim 55, Sato fails to expressly disclose the system as in Claim 51, wherein the pre-set value is set by the patient's physician.

Nevertheless, this feature is old and well known, as evidenced by Linberg. In particular, Linberg discloses the system as in Claim 51, wherein the pre-set value is set by the patient's physician (Linberg: pg. 13, par. [0175] and [0176]).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Linberg with the combined teachings of Sato and Joao with the motivation of providing an inexpensive and practical way for a physician to monitor a patient remotely (Linberg: pg. 2, par. [0011] and [0012]).

(F)   As per Claim 56, Sato fails to expressly disclose the system as in claim 51, wherein the pre-set value is a generally accepted value.

Nevertheless, this feature is old and well known, as evidenced by Linberg. In particular, Linberg discloses the system as in claim 51, wherein the pre-set value is a generally accepted value (Linberg: pg. 13, par. [0175] and [0176]).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Linberg with the combined teachings of Sato and Joao with the motivation of providing an inexpensive and practical way for a physician to monitor a patient remotely (Linberg: pg. 2, par. [0011] and [0012]).

(G)   As per Claim 57, Sato fails to expressly disclose the system as in Claim 51, wherein the pre-set value is a past value of the patient.

Nevertheless, this feature is old and well known, as evidenced by Linberg. In particular, Linberg discloses the system as in Claim 51, wherein the pre-set value is a past value of the patient (Linberg: pg. 13, par. [0175] and [0176]).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Linberg with the combined teachings of Sato and

Joao with the motivation of providing an inexpensive and practical way for a physician to

monitor a patient remotely (Linberg: pg. 2, par. [0011] and [0012]).

Conclusion

10.   The prior art made of record and not relied upon is considered pertinent to

Applicant's disclosure. The cited but not applied art teaches a modular microprocessor-

based health monitoring system (5,307,263); an all care health management system

(5,301,105); and providing comprehensive online health-related information and

services (US 2004/0215491).

        The cited but not applied prior art also includes non-patent literature articles by

Kathryn S. Taylor ("Healthcare and The World Wide Web" May/Jun 1997. Healthcare

Executive. Vol. 12, Iss. 3. pg. 12.); Lisa Priest ("MDs Cited For Fraud Some 100 Probed

Over Kickbacks and Referral Fees" Feb 26, 1996. Toronto Star. pg. A.1.); and Simon

Crompton ("Virtual Hospital Speeds Recovery" Jun 5, 2001. The Times. pg. Times.2.).

11.   Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Mike Tomaszewski whose telephone number is

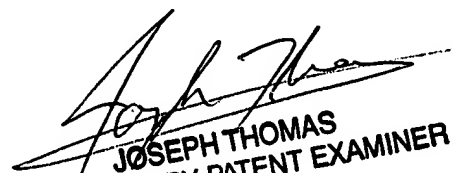(571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

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